



State Grant and Special Programs  
Phone: 717-720-2800 Fax: 717-720-3786  
1200 North Seventh Street, Harrisburg, PA 17102-1444

## Memo

To: High School Administrators  
From: Christine A. Zuzack   
Vice President, State Grant  
and Special Programs  
Date: October, 2010  
Re: Remote Access Agreement and Authoritative Source Form

Pennsylvania Higher Education Assistance Agency (PHEAA) believes that protecting the security of your students' information is of the utmost importance. Therefore our Remote Access Agreement is designed to achieve the highest security standards. Please review and complete the attached agreement in a timely manner.

**This agreement must be completed, in its entirety, by an individual at your school with legally binding authority.** The language within this agreement cannot be modified.

Important instructions to note:

- If the school district superintendent is the binding authority, the organization name and address should be the high school's name and address, not the school district.
- Please complete **EXHIBIT 1** with each school code and campus location to be covered by the agreement. (if appropriate)
- **If your institution has not yet established an Authoritative Source, you MUST also complete the attachment entitled 'Request for Authoritative Source Status' in order to gain access.**

Please return the agreement, via mail, as we do require an original signature to:

PHEAA  
State Grant and Special Programs HQ 4C 2  
1200 N. 7th Street  
Harrisburg, PA 17102

If you require an official copy of the completed agreement, please complete two copies and return both to us. We will return a completed version to you once it has been processed and accepted.

If you have any questions concerning these materials, please contact State Grant and Special Programs staff at 1-800-443-0646, Option 3, Option 1, a private number reserved for the use of financial aid administrators and high school personnel.

CAZ/ph/kmm

*High School RAA InstructionsWexamples.High School Access*





State Grant and Special Programs  
 Phone: 717-720-2800 Fax: 717-720-3786  
 1200 North Seventh Street, Harrisburg, PA 17102-1444

## Remote Access, Confidentiality and Indemnification Agreement and Authentication (RAA)

### The RAA Required Data Elements – PAGE 1:

1. The **Date** field should be left blank.
2. In the **Name of Organization** field, enter name of the high school requesting access.
3. Enter the **Principal Address** for the high school requesting access.

**NOTE:** If the school district superintendent is the binding authority, the organization name and address should be the high school's name and address, not the school district.

### The RAA Required Data Elements – PAGE 5:

1. In the **If to Organization: Attention:** field enter the name of the person any notice or other communication should be addressed to.

### REMOTE ACCESS, CONFIDENTIALITY AND INDEMNIFICATION AGREEMENT and AUTHENTICATION

THIS REMOTE ACCESS, CONFIDENTIALITY AND INDEMNIFICATION AGREEMENT and AUTHENTICATION (this "Agreement") is made as of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the Pennsylvania Higher Education Assistance Agency, an agency of and on behalf of the Commonwealth of Pennsylvania, having an address at 1200 North 7th Street, Harrisburg, Pennsylvania 17102-1444 ("PHEAA"), and the organization identified below by name and principal address ("Organization").

**NAME OF ORGANIZATION:** Local High School

**PRINCIPAL ADDRESS:** 123 Main Street  
PO Box 123  
Harrisburg, PA 17011-0123

**8. NOTICES.** Any notice or other communication required or that may be given under this Agreement shall be in writing and delivered to the addresses set forth above. Notice shall be sent via overnight courier or registered or certified mail, return receipt requested, postage and express charges prepaid, and shall be considered delivered and effective three (3) days after mailing.

If to PHEAA: Attention: VP, State Grant and Special Programs  
 and  
 Attention: General Counsel

If to Organization: Attention: Jan R. Binding Authority





State Grant and Special Programs  
 Phone: 717-720-2800 Fax: 717-720-3786  
 1200 North Seventh Street, Harrisburg, PA 17102-1444

The RAA Required Data Elements – PAGE 8:

1. On the blank line, enter the Name of the Organization.
2. In the **By** field, enter the signature of the person with binding authority for the institution.
3. In the **Name** field, enter the printed name of the person with binding authority for the institution.
4. In the **Title** field, enter the title of the person with binding authority for the institution.
5. In the **Federal Tax Identification Number** field, enter the nine digit federal tax identification number.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be signed as of the date first above written.

PENNSYLVANIA HIGHER EDUCATION ASSISTANCE AGENCY

By: \_\_\_\_\_

Name: Kelly Powell Logan

Title: Executive Director, Public Service

Approved as to form and legality

\_\_\_\_\_

PHEAA General Counsel

Local High School

By: Signature

Name: Jan R. Binding Authority

Title: Job Title

123456789

Federal Tax Identification Number

This Agreement has been pre-approved by the Office of the Attorney General.

Doc No. \_\_\_\_\_

The RAA Required Data Elements – PAGE 9:

1. In the **Campus/Location Name** field, enter the name of the high school.
2. In the **Campus/Location School Code** field, enter the six digit College Entrance Examination Board (CEEB) code.
3. In the **Campus/Location Address** field, enter the school's address.
4. In the **Campus/Location Authoritative Source Name** field, enter the name of the authoritative source.

**NOTE:** A Request for Authoritative Source Status form is required for each authoritative source listed in Exhibit 1. An institution may have multiple authoritative sources, but must

EXHIBIT 1

AUTHORITATIVE SOURCE AND RESPONSIBILITIES PER LOCATION OR CAMPUS

(include School Code, Name, and Address for each)

Campus/Location Name	Campus/Location School Code	Campus/Location Address	Campus/Location Authoritative Source Name
Local High School	39XXXX	123 Main St, Hbg PA 17011	Joe R User





State Grant and Special Programs  
 Phone: 717-720-2800 Fax: 717-720-3786  
 1200 North Seventh Street, Harrisburg, PA 17102-1444

## Request for Authoritative Source Status

The **Request for Authoritative Source Status Required Data:**

1. In the **Request Information** section:
  - a. In the **Request Type** indicate if the Authoritative Source (AS) request is for an addition, modification or removal. Request for modification or removal requires the User ID Number.
  - b. In the **Institution Name** field, enter the name of the high school where the AS is employed.
  - c. In the **Institution Type** field, enter the six digit CEEB code.
  
2. In the **Authoritative Source Information** section:
  - a. In the **Last Name, First Name** and **Middle Initial** fields, enter the AS name.
  - b. In the **Street Address, City, State** and **Zip** fields, enter the address of the high school where the AS is employed.
  - c. In the **Daytime Telephone Number** and **E-mail Address** fields, enter the telephone number and e-mail address of the AS.

Request for Authoritative Source Status			
Request Information			
Request Type:	Institution Name:	Local High School	
<input checked="" type="checkbox"/> Add	Institution Type (Select One):		
<input type="checkbox"/> Modify	<input type="checkbox"/> High School	Enter six digit High School Code	391334
<input type="checkbox"/> Remove	Existing User ID Number		
Authoritative Source Information			
User	Joe	P	
Last Name	First Name	Middle Initial	
123 Main Street	Harrisburg	PA	17111
Street Address	City	State	Zip
( 717 ) 555-1212	user@hs.sd.edu		
Daytime Telephone Number	Email Address		
Acknowledgement By Authoritative Source			
I hereby request and agree to serve in the capacity of Authoritative Source for remote PHEAA system access for my institution. As Authoritative Source, I understand and agree that I am responsible to notify PHEAA immediately for approvals, additions, modifications and deletions for remote access to the PHEAA system for the appropriate users at my institution. I acknowledge that this Authoritative Source approval is individual for access. PHEAA is solely on this approval in concluding that each individual has a right to start only to have such access to the PHEAA system for a legitimate business purpose.			
Authoritative Source Signature	02/27/08		
(Signature)	(Date)		
Joe R. User	Counselor		
Approved Name	Title		
Authoritative Source Immediate Supervisor Information			
As the immediate supervisor for the Authoritative Source, I understand and agree that I am required to notify PHEAA immediately if there are any changes to the Authoritative Source.			
<input type="checkbox"/> Check to indicate a change of the Immediate Supervisor			
Sam A. In-Charge	Principal		
Approved Name	Title		
( 717 ) 555-1210	charles@hs.sd.edu		
Daytime Telephone Number	Email Address		
Immediate Supervisor Signature	02/27/08		
(Signature)	(Date)		
Forms are to be mailed to: Pennsylvania Higher Education Assistance Agency State Grant & Special Programs P.O. Box 8157 Harrisburg, PA 17105-8157			
Or fax the form to (717) 720-3786 or you may email the form in a PDF format to: HighSchoolAccess@pheaa.org			





State Grant and Special Programs  
 Phone: 717-720-2800 Fax: 717-720-3786  
 1200 North Seventh Street, Harrisburg, PA 17102-1444

3. In the **Acknowledgement By Authoritative Source** section:
  - a. In the **Signature** and **Date** fields, the AS must provide a signature and date.
  - b. In the **Printed Name** and **Title** fields, the AS should enter printed name and job title.
  
4. In the **Authoritative Source Immediate Supervisor Information** section:
  - a. In the **Printed Name** and **Title** fields, the immediate supervisor of the AS should enter printed name and job title.
  - b. In the **Daytime Telephone Number** and **E-mail Address** fields, enter the telephone number and e-mail address of the immediate supervisor of the AS.
  - c. In the **Signature** and **Date** fields, the immediate supervisor of the AS must provide a signature and date.

**NOTE:** All fields are required on the Request for Authoritative Source Status form.

Request for Authoritative Source Status			
Request Information			
Request Type: <input checked="" type="checkbox"/> Add <input type="checkbox"/> Modify <input type="checkbox"/> Remove	Institution Name: Local High School	Institution Type (Select One): <input type="checkbox"/> High School	
Existing User ID Number	Enter six digit (HH) School Code		XXXXXX
Authoritative Source Information			
User Last Name	Joe First Name	P Middle Initial	
123 Main Street Street Address	Harrisburg City	PA State	17911 Zip
( 717 ) 555-1212 Daytime Telephone Number	juser@hs.ed.edu Email Address		
Acknowledgement By Authoritative Source			
I hereby request and agree to serve in the capacity of Authoritative Source for remote PHEAA system access for my institution. As Authoritative Source, I understand and agree that I am responsible to notify PHEAA immediately for approval, additions, modifications and deletions for remote access to the PHEAA system for the appropriate users at my institution. I acknowledge that if an Authoritative Source approves an individual for access, PHEAA is solely on this approval is concluding that such individual has sufficient authority to have such access to the PHEAA system for a legitimate business purpose.			
Authoritative Source Signature (Signature)	6/27/2010 (Date)		
Joe P User (Printed Name)	Counselor (Title)		
Authoritative Source Immediate Supervisor Information			
As the immediate supervisor for the Authoritative Source, I understand and agree that I am required to notify PHEAA immediately if there are any changes to the Authoritative Source.			
<input type="checkbox"/> Check to indicate a change of the immediate supervisor			
Sam A. In-Charge (Printed Name)	Principal (Title)		
( 717 ) 555-1219 Daytime Telephone Number	scharles@ghs.ed.edu Email Address		
Immediate Supervisor Signature (Signature)	6/27/2010 (Date)		

Forms are to be mailed to: Pennsylvania Higher Education Assistance Agency  
 State Grant & Special Programs  
 P.O. Box 8157  
 Harrisburg, PA 17105-8157

Or fax the form to (717) 720-3786 or you may email the form in a PDF format to: HighSchoolAccess@pheaa.org

